

Forum Review

Impact of Mitochondrial ROS Production in the Pathogenesis of Diabetes Mellitus and Its Complications

TAKESHI NISHIKAWA and EIICHI ARAKI

ABSTRACT

In this review, the impacts of mitochondrial reactive oxygen species (ROS) on diabetes and its complications are described. In endothelial cells, high-glucose treatment increases mitochondrial ROS and normalization of the ROS production by inhibitors of mitochondrial metabolism, or by overexpression of UCP-1 or MnSOD, prevents glucose-induced activation of PKC, formation of AGE, and accumulation of sorbitol, all of which are believed to be the main molecular mechanisms of diabetic complications. Glomerular hyperfiltration, one of the characteristics of early diabetic nephropathy, may be caused by mitochondrial ROS through activation of COX-2 gene transcription, followed by PGE₂ overproduction. In pancreatic β cells, hyperglycemia also increases mitochondrial ROS, which suppresses the first phase of glucose-induced insulin secretion, at least in part, through the suppression of GAPDH activity. In liver cells, similar to that in hyperglycemia, TNF- α increases mitochondrial ROS, which in turn activates apoptosis signal-regulating kinase 1 (ASK1) and c-jun NH₂-terminal kinases (JNK), increases serine phosphorylation of IRS-1, and decreases insulin-stimulated tyrosine phosphorylation of IRS-1, leading to insulin resistance. These results suggest the importance of mitochondrial ROS in the pathogenesis of diabetes mellitus and its complications through modification of various cellular events in many tissues, including vessels, kidney, pancreatic β cells, and liver. *Antioxid. Redox Signal.* 9, 343–353.

INTRODUCTION

THE MITOCHONDRION is believed to be an organelle derived from a genetic component(s) of microorganisms, and thus its replication, transcription, and translation system has been developed on its own basis, although several nuclear genome-encoded proteins are also essential for these systems.

Because mitochondria are the primary source of ATP production, disruption of mitochondrial respiratory function is regarded as one of the key factors in the development of several diseases, including Friedreich ataxia, Parkinson disease, Huntington disease, pathophysiology of aging, and diabetes and its complications. A mitochondrial mutation was found to be associated with maternally inherited diabetes mellitus (46). The mitochondrial dysfunction in islet β -cells was reported to impair insulin secretion in response to increased glucose concentration (30, 88, 95). Impaired mitochondrial

oxidative phosphorylation in liver and muscle has been shown to be linked with insulin resistance or type 2 diabetes in humans (65, 66). Diabetes mellitus induced in rats by streptozotocin or alloxan treatment or in cats by pancreatectomy has been reported to impair mitochondrial respiration and disturb energy production in liver, skeletal muscle, heart, and diaphragm, and mitochondrial protein synthesis and function were restored to normal by administration of insulin (26, 27, 70, 87, 91). Thus, mitochondrial dysfunctions are deeply involved in the pathophysiology of diabetes.

Conversely, a number of *in vitro* and *in vivo* studies suggest that oxidative stress is increased in diabetic patients and animal models of diabetes (6, 20, 25, 32, 61, 74, 82, 94). Oxidative stress may be crucial for the pathogenesis of diabetic mellitus and its complications, and mitochondria have been reported to be the major source of reactive oxygen species (ROS).

In this review, a possible involvement of ROS from mitochondrial electron transport chain in the development and progression of diabetic complications is demonstrated. In addition, our recent studies about the relations between mitochondrial ROS production and the pathogenesis of diabetes mellitus, including glucose toxicity in pancreatic β -cell and insulin resistance in insulin target organs is introduced.

ROLE OF MITOCHONDRIAL ELECTRON TRANSPORT CHAIN IN HYPERGLYCEMIA-INDUCED ROS PRODUCTION

The most universal and critical mitochondrial function is oxidative phosphorylation. The overall system of oxidative phosphorylation includes five large multienzyme complexes, designated complexes I, II, III, IV, and ATP synthase (Fig. 1). This mitochondrial respiratory system is thought to be the major source of ROS under normal physiologic conditions (8, 80). Two main sites of superoxide generation exist in this system: NADH dehydrogenase at complex I (89), and the interface between CoQ and complex III (12). The hypothesis that hyperglycemia could increase production of ROS from the mitochondrial electron transport chain has been studied.

To determine the involvement of the mitochondrial electron transport chain in hyperglycemia-induced ROS production, the effect of agents that alter mitochondrial metabolism

on hyperglycemia-induced intracellular ROS formation was evaluated in bovine aortic endothelial cells. Using fluorescent probe DCF as a detector of ROS, increased ROS production compared with baseline conditions was confirmed in endothelial cells incubated with high (30 mM) glucose. Conversely, complex II inhibitor (thenoyltrifluoroacetone: TTFA) and an uncoupler (carbonyl cyanide *m*-chlorophenylhydrazine: CCCP), as well as overexpression of either uncoupling protein-1 (UCP1) or manganese superoxide dismutase (MnSOD), the mitochondrial form of antioxidant enzyme, prevented the effect of hyperglycemia (51, 59). Increased ROS production from mitochondria under a hyperglycemia condition was also detected by the fluorescence of the reduced form of MitoTracker Red, which specifically accumulates inside mitochondria, and that was prevented by overexpression of UCP1 and MnSOD (54). These results suggested that ROS produced from the mitochondrial electron transport chain was increased in a hyperglycemic condition *in vitro*.

Conversely, multiple pathways have been reported as the cause of oxidative stress in diabetes. These include enhanced auto-oxidation of glucose (41) and Amadori product (40); and activation of NADPH-dependent aldose reductase (polyol pathway), which diminishes the NADPH available for glutathione reductase, so the ratio of reduced to oxidized glutathione decreases (64, 93); stimulation of cellular ROS production by extracellular advanced glycation end products (AGEs) via their receptors (100); and protein kinase C (PKC)-dependent activation of NAD(P)H oxidase (44). Fur-

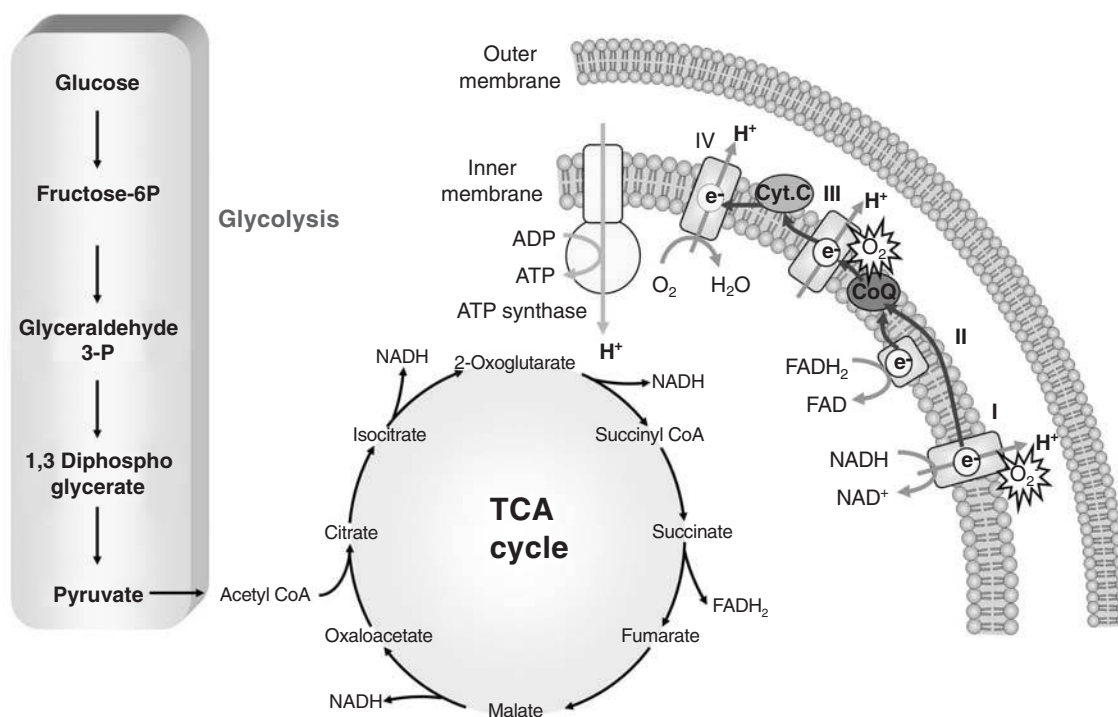


FIG. 1. Production of reactive oxygen species by the mitochondrial electron-transport chain. Oxidative phosphorylation includes five large multienzyme complexes, designated complexes I, II, III, IV, and ATP synthase. The mitochondrial respiratory system may be the major source of ROS under normal physiologic conditions.

ther study will be required to examine the relation between mitochondrial ROS production and the other mechanisms.

A SINGLE ELEMENT LINKING HYPERGLYCEMIA-INDUCED DAMAGE

Four main hypotheses about how hyperglycemia causes diabetic complications have generated a large amount of data, as well as several clinical trials based on specific inhibitors of these mechanisms. The four hypotheses are as follows: activation of the polyol pathway (55); increased AGEs formation (10); activation of PKC (44, 53); and activation of hexosamine pathway (17) (Fig. 2). Until recently, no unifying hypothesis linked these four mechanisms. To examine whether mitochondrial ROS production could be one such unifying mechanism, the effects of inhibitors of mitochondrial ROS on these independent biochemical pathways were investigated. Similar to the previous reports, we confirmed that hyperglycemia activated PKC in membrane fraction, increased intracellular AGE formation, and increased sorbitol accumulation in bovine aortic endothelial cells. Conversely, mitochondrial ROS inhibitors, including TTFA, CCCP, and overexpression of UCP-1 or MnSOD, completely inhibited hyperglycemia-induced PKC activation in the membrane

fraction, intracellular AGEs formation, and sorbitol accumulation (59). The same mechanism is also responsible for abnormal activation of the hexosamine pathway in bovine aortic endothelial cells (17). In addition, Brownlee *et al.* (16) showed that hyperglycemia-induced mitochondrial ROS production activates the four major pathways of hyperglycemic damage found in bovine aortic endothelial cells by inhibiting glyceraldehyde-3-phosphate dehydrogenase (GAPDH) activity, and this GAPDH inhibition is a consequence of poly(ADP-ribosylation) of GAPDH by poly (ADP-ribose) polymerase (PARP), which is activated by DNA strand breaks produced by mitochondrial ROS production. Therefore, a single hyperglycemia-induced process of mitochondrial ROS overproduction may exist as an upstream event of the other pathways (11).

MITOCHONDRIAL ROS PRODUCTION IN TYPE 2 DIABETES PATIENTS

It is still unclear whether mitochondrial ROS production associates with the progression of diabetic complications in type 2 diabetes patients. Therefore, to determine the role of mitochondrial ROS production in type 2 diabetes patients, the relation between 8-hydroxydeoxyguanosine (8-OHdG),

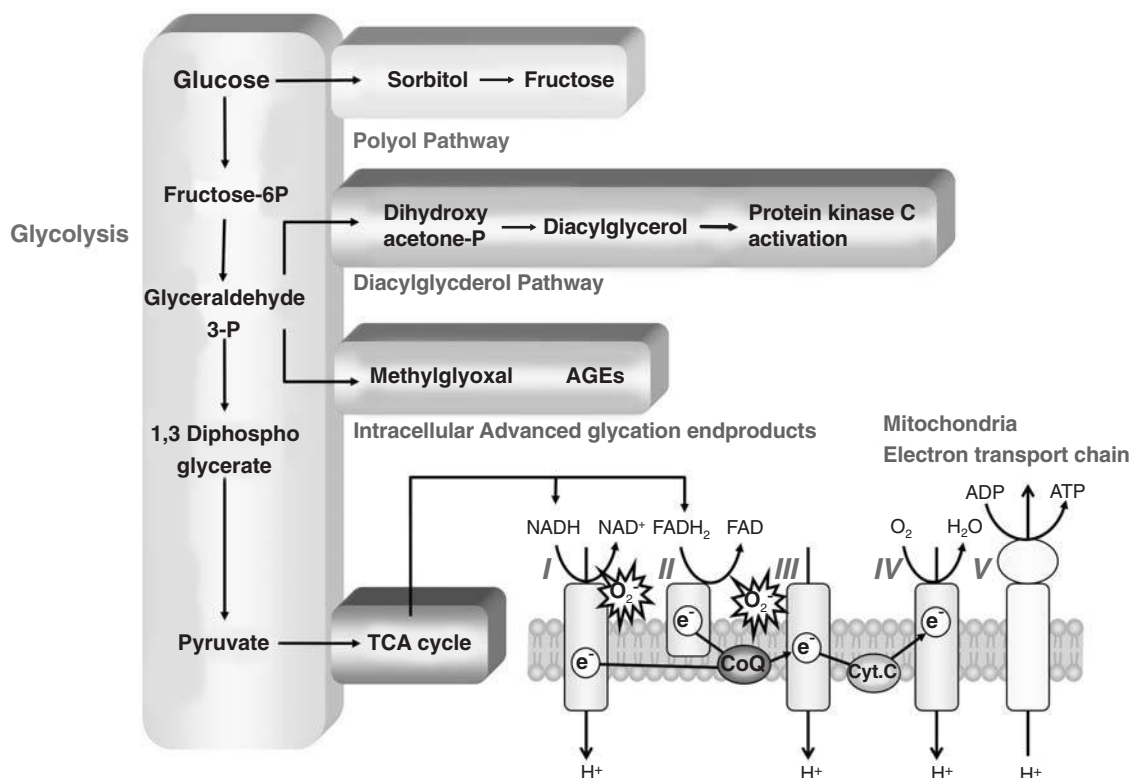


FIG. 2. Glucose metabolism coupled to three major pathways of hyperglycemic damage and mitochondrial reactive oxygen species (ROS) production. The main hypotheses about how hyperglycemia causes diabetic complications are activation of protein kinase C (PKC); increased advanced glycation end products (AGE) formation; activation of polyol pathway; and mitochondrial ROS production. Hyperglycemia-induced mitochondrial ROS overproduction may exist as an upstream event of the other pathways (11).

which is a product of oxidative DNA damage after specific enzymatic cleavage after 8-hydroxylation of the guanine base, and the severity of diabetic complications was examined. As intracellular ROS can cause strand breaks in DNA and base modifications, 8-OHdG is suggested to serve as a sensitive biomarker of intracellular oxidative stress *in vivo* (3, 18, 47, 57). In addition, it has been reported that 8-OHdG was 16-fold higher in mitochondria DNA than in nuclear DNA in rat liver (7). Therefore, 8-OHdG could be a useful biomarker to evaluate ROS production from mitochondria *in vivo*.

8-OHdG in the urine and that of the isolated mononuclear cells from type 2 diabetes patients with either retinopathy or nephropathy were reported to be much higher than those in patients without these complications (82). A similar result was observed in our results of the association between 8-OHdG and either diabetic retinopathy or nephropathy. In addition, the urinary 8-OHdG excretion was elevated in the patients with mean intima-media thickness (IMT) of carotid arteries >1.1 mm, which is considered to be one of the useful markers of atherosclerosis (60). These results suggest that mitochondrial ROS production estimated by the urinary 8-OHdG excretion could associate with both microangiopathy and macroangiopathy in patients with type 2 diabetes.

RELATION BETWEEN GLYCEMIC CONTROL AND MITOCHONDRIAL ROS PRODUCTION

The Kumamoto Study was a randomized clinical trial designed to compare intensive insulin therapy (MIT) using multiple insulin injections with conventional insulin injection therapy (CIT) and to evaluate the effects of glycemic control on the development and progression of microvascular complications in Japanese patients with type 2 diabetes. In the Kumamoto Study, we reported that intensive glycemic control could delay the onset and progression of early stages of diabetic microvascular complications (62, 77, 92). To evaluate the relation between glycemic control and mitochondrial ROS production, urinary 8-OHdG excretion in patients from the Kumamoto Study was measured. 8-OHdG was significantly lower in the MIT group compared with the CIT group, after 10 years of insulin therapy. In addition, after 10-year insulin therapy, the mean IMT was significantly thinner in the MIT group compared with the CIT group (60). Although the content of 8-OHdG and the value of the mean IMT in those patients at commencement of the Kumamoto Study were not measured, these findings suggest that intensive glycemic control could normalize or reduce mitochondrial ROS production, and consequently delay the onset and progression of early stages of diabetic microvascular and macrovascular complications. A recent prospective longitudinal study to assess the progression of nephropathy over 5 years further demonstrated that the urinary 8-OHdG was the strongest predictor of nephropathy among several known risk factors, such as HbA1c, duration of diabetes, and systolic and diastolic blood pressure (33).

POTENTIAL ROLE OF MITOCHONDRIAL ROS PRODUCTION IN DIABETIC NEPHROPATHY

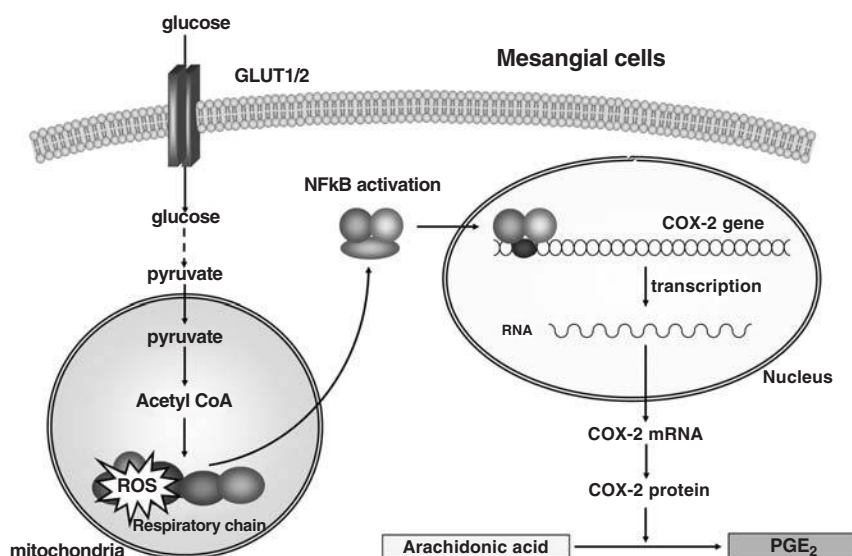
Because it was unclear how mitochondrial ROS production could contribute to the progression of diabetic complications, the impact of mitochondrial ROS on the pathogenesis of diabetic nephropathy was investigated.

Glomerular hyperfiltration is a characteristic finding of early diabetic nephropathy in both human and animal models of diabetes and may play a major role in the pathogenesis (15, 34). The mechanisms mediating an increase in glomerular filtration rate are not well identified, but the vascular reactivity of the renal glomerular efferent arterioles has been shown to be controlled, at least in part, by the release of endogenously synthesized prostaglandins (PGs), allowing autoregulation of glomerular capillary pressure. Because PGs play a role in controlling renal function, it has been proposed that changes in PG production may contribute to the hemodynamic changes observed in diabetes.

Recently, two isoforms of cyclooxygenase (COX), which are the rate-limiting step in biosynthesis of the biologically active and physiologically important PGs, have been identified, COX-1 and COX-2 (78). COX-1 is constitutively expressed in most tissues. In contrast, COX-2 operates as an inducible enzyme with low or undetectable levels in most tissues, and its expression can be markedly increased by a number of inflammatory cytokines, mitogenic factors, and physical stimuli (29, 84). Therefore, we hypothesized that hyperglycemia-induced ROS production through the mitochondrial electron-transport chain could increase the expression of the COX-2 gene and play an important role in diabetes-induced renal hemodynamic alterations.

Incubation with 30 mM glucose significantly increased COX-2 mRNA, but not COX-1 mRNA, compared with 5.6 mM glucose in cultured human mesangial cells. Similarly, incubation with 30 mM glucose significantly increased mitochondrial membrane potential, intracellular ROS production, COX-2 protein expression, and prostaglandin E₂ synthesis, and these events were completely suppressed by TTFa or CCCP, inhibitors of mitochondrial metabolism, or by overexpression of UCP-1 or MnSOD. In addition, hyperglycemia induced activation of the COX-2 gene promoter, which was completely abrogated by mutation of two NF- κ B binding sites exist in the COX-2 gene promoter. These results suggest that hyperglycemia increases mitochondrial ROS production, resulting in NF- κ B activation, COX-2 gene transcriptional activation, COX-2 mRNA induction, COX-2 protein production, and PGE₂ synthesis (51) (Fig. 3). In several *in vivo* studies, increased immunoreactivity for COX-2 in the renal cortex of streptozotocin-induced diabetic rats (52) and mice (51) was reported. The increased expression of COX-2 protein in renal cortex of diabetic rats was normalized by treatment with insulin (52). In addition, a selective inhibitor of COX-2 significantly decreased the glomerular filtration rate in diabetic rats (52). It should be important to clarify the involvement of mitochondrial ROS production in the pathogenesis of the glomerular hyperfiltration *in vivo*.

FIG. 3. Potential role of mitochondrial reactive oxygen species (ROS) production in diabetic nephropathy. Hyperglycemia increases mitochondrial ROS production, resulting in NF- κ B activation, cyclooxygenase-2 (COX-2) gene transcriptional activation, COX-2 mRNA induction, COX-2 protein production, and PGE₂ synthesis. These chains of events may play a central role in the pathogenesis of the glomerular hyperfiltration observed in early diabetes.



NORMALIZING OF MITOCHONDRIAL ROS PRODUCTION BY ACTIVATION OF AMPK-ACTIVATED PROTEIN KINASE (AMPK)

Mitochondrial ROS production therefore seems to be one of the important targets to prevent a progression of diabetic complications. Investigation of molecular factors to reduce mitochondrial ROS production could directly bind to the development of new pharmacologic approaches for prevention of diabetic complications.

In 1998, UKPDS reported intensive glycemic control with metformin, one of the most widely used oral drugs for the treatment of type 2 diabetes, to decrease the risk of diabetes-related end points in overweight patients with type 2 diabetes in comparison to sulfonylurea or insulin therapy (90). Given the equivalent HbA_{1c} levels obtained by every therapy, metformin might have a possible additional benefit in the prevention of diabetic complications independent of its anti-hyperglycemic effect. Conversely, it has been reported that metformin activates AMPK in both hepatocytes and skeletal muscles (103). In addition, 5-aminoimidazole-4-carboxamide ribonucleoside (AICAR), an AMPK activator, increases the production of peroxisome proliferator activator receptor- γ co-activator-1 α (PGC-1 α), at least in part, through an AMPK-related mechanism in rat muscle (5, 83). PGC-1 α can bind to and coactivate the transcriptional function of nuclear respiratory factors-1 (NRF-1) on the promoter for mitochondrial DNA transcription factor A (mtTFA). mtTFA is a direct regulator of mitochondrial DNA replication/transcription and a stimulus for the regulation of mitochondrial biogenesis and function (96). Therefore, metformin may activate AMPK and induce PGC-1 α expression, and these events may affect the hyperglycemia-induced mitochondrial ROS production and mitochondrial biogenesis in endothelial cells.

Treatment with metformin or AICAR inhibited hyperglycemia-induced mitochondrial ROS production, stimulated AMPK activity, and increased the expression of PGC-1 α and MnSOD mRNAs in cultured human umbilical vein endothelial cells (HUVECs). The dominant negative form of AMPK α 1 (DN-AMPK) diminished the effects of metformin and AICAR on these events, and an overexpression of PGC-1 α completely blocked the hyperglycemia-induced mitochondrial ROS production. In addition, metformin and AICAR increased the mRNA expression of NRF-1 and mtTFA and stimulated the mitochondrial proliferation. DN-AMPK also reduced the effects of metformin and AICAR on these observations. These results suggest that metformin normalizes hyperglycemia-induced mitochondrial ROS production by induction of MnSOD through the activation of the AMPK-PGC-1 α pathway, and promotes mitochondrial biogenesis through the activation of the same AMPK-PGC-1 α pathway (Fig. 4) (54). Thus, AMPK and PGC-1 α could be targets for the design of new pharmacologic approaches to prevent diabetic complications.

Recently, mitochondria-targeted therapies using attachment to the lipophilic triphenylphosphonium cation through an alkyl linker was developed (24, 79). These molecules rapidly permeate lipid bilayers and, because of the large mitochondrial membrane potential (negative inside), accumulate several hundredfold inside isolated mitochondria and within mitochondria in cultured cells. Alkyltriphenylphosphonium cations of mitochondria-targeted antioxidants comprising a triphenylphosphonium cation coupled to a coenzyme Q or vitamin E derivative could be fed safely to mice over long periods, coming to steady-state distributions within the heart, brain, liver, and muscle. Therefore, mitochondria-targeted bioactive molecules can be administered orally, leading to their accumulation at potentially therapeutic concentrations in those tissues most affected by mitochondrial dysfunction.

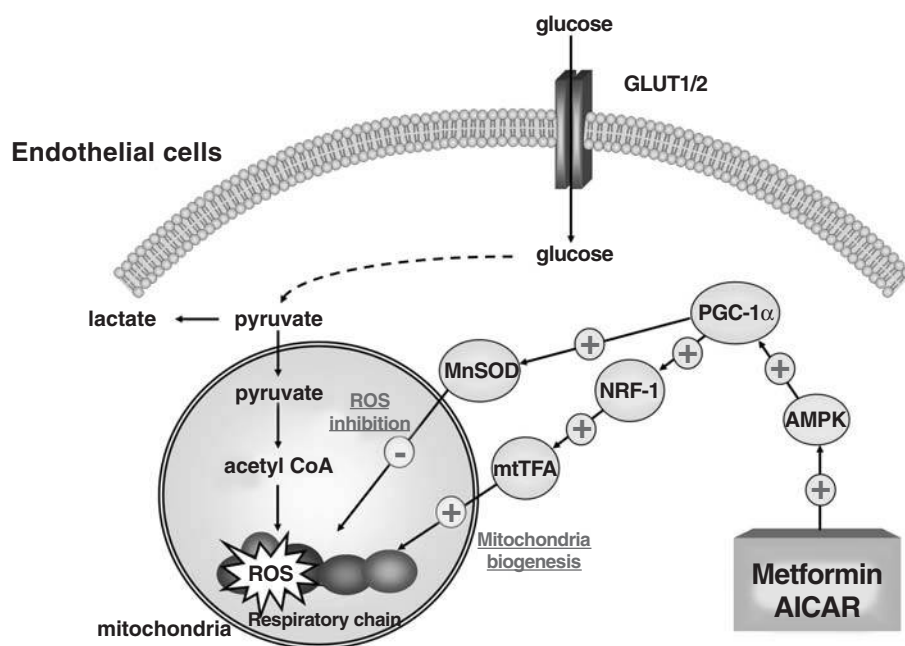


FIG. 4. Inhibitory effect of metformin on mitochondrial reactive oxygen species (ROS) production. Metformin and 5-aminoimidazole-4-carboxamide ribonucleoside (AICAR) normalize hyperglycemia-induced mitochondrial ROS production by induction of MnSOD through the activation of the AMP-activated protein kinase (AMPK)-peroxisome proliferator activator receptor- γ co-activator-1 α (PGC-1 α) pathway. In addition, metformin and AICAR promote mitochondrial biogenesis by induction of nuclear respiratory factors (NRF-1) and mitochondrial DNA transcription factor A (mtTFA) through the activation of the AMPK-PGC-1 α pathway.

The mitochondria-specific therapies might be potential therapies for diabetic complications.

IMPACT OF MITOCHONDRIAL ROS PRODUCTION IN GLUCOSE TOXICITY IN PANCREATIC β -CELL

Type 2 diabetes is a polygenic disease aggravated by environmental factors. The development of type 2 diabetes is associated with pancreatic β -cell dysfunction occurring together with insulin resistance. Normal β -cells can compensate for insulin resistance by increasing insulin secretion, but insufficient compensation leads to the onset of glucose intolerance. Once hyperglycemia becomes apparent, β -cell function progressively deteriorates: glucose-induced insulin secretion (GIIS) becomes further impaired, and degranulation of β -cells becomes evident, often accompanied by a decrease in the number of β -cells (14, 48, 69, 101). Although the significance of hyperglycemia as a direct cause of these β -cells dysfunctions, which is called β -cell glucose toxicity, has been demonstrated by various studies *in vivo* (102) and *in vitro* (58, 63, 68, 71, 76), the molecular nature of glucose toxicity in pancreatic β -cell is still unknown.

Conversely, the level of 8-OHdG, a marker for mitochondrial oxidative damage, was reported to be increased in β -cells of diabetic Goto-Kakizaki (GK) rats (43), and antioxidant treatment, *N*-acetyl-L-cysteine (NAC), and vitamins C and E could protect against the onset of diabetes in diabetic *db/db* mice (48). Because antioxidant enzymes, such as superoxide dismutase, catalase, and glutathione peroxidase, are not highly expressed in pancreatic islets compared with other tissues of the body (23, 56, 85), oxidative stress could be involved in glucose toxicity in pancreatic β -cell.

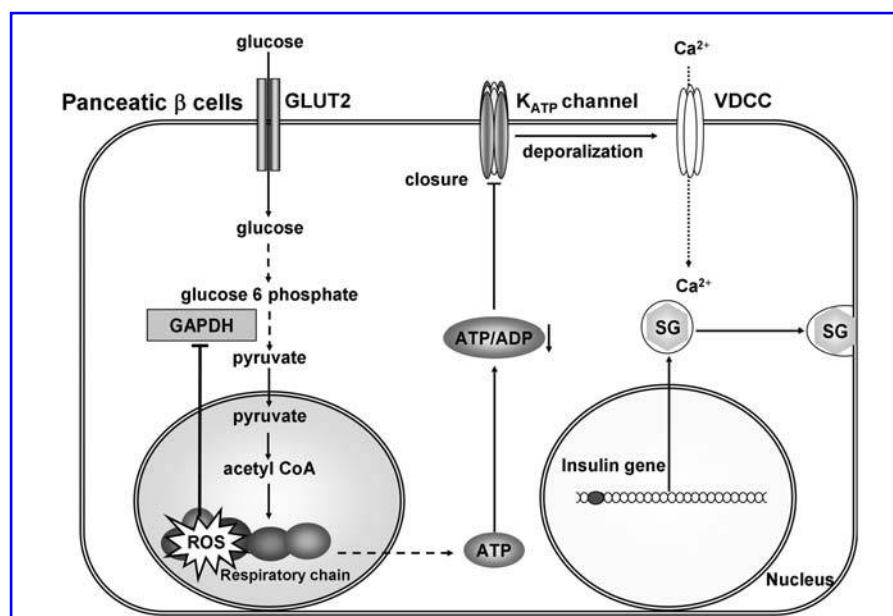
In MIN6 cells, a mouse β -cell line, exposure to high glucose increased intracellular ROS as early as 15 min, and this effect was blunted by TFA or CCCP. GIIS was also suppressed by H_2O_2 , a chemical substitute for ROS. Interestingly, in the perfusion study of the isolated mouse islets, the first phase of GIIS, but not the second phase, was suppressed by 50 μM H_2O_2 . Because it was reported that the activities of mitochondrial aconitase, a TCA-cycle enzyme (98), mitochondrial adenine-nucleotide translocase (98), and GAPDH are susceptible to oxidative modification (9, 17), the effects of ROS on GAPDH activity in isolated mouse islets was examined. Because either H_2O_2 or high glucose suppressed the activity of GAPDH, and inhibitors of the mitochondrial function abolished the latter effects, mitochondrial ROS suppressed the first phase of GIIS, at least in part, through the suppression of GAPDH activity. Therefore, mitochondrial overwork, resulting in overproduction of mitochondrial ROS, could be a potential mechanism causing the impaired first phase of GIIS in the early stages of diabetes mellitus (Fig. 5).

IMPACT OF MITOCHONDRIAL ROS PRODUCTION ON INSULIN RESISTANCE

Tyrosine phosphorylation of the insulin-receptor substrates including IRS-1 and IRS-2 through the tyrosine kinase of the insulin receptor is an early key event of the insulin signal transduction (4, 67, 73). Impaired tyrosine phosphorylation of IRS-1 has been reported to involve in various status of insulin resistance *in vivo*.

Insulin resistance is also associated with oxidative stress. Micromolar concentrations of H_2O_2 were reported to inhibit insulin-stimulated tyrosine phosphorylation of IRS-1 (28), and α -lipoic acid, a novel antioxidant, increased insulin-

FIG. 5. Potential role of mitochondrial reactive oxygen species (ROS) production in glucose toxicity in pancreatic β -cells. Hyperglycemia-induced mitochondrial ROS production, which suppressed the first phase of glucose-induced insulin secretion through the suppression of glyceraldehyde-3-phosphate dehydrogenase (GAPDH) activity in pancreatic β -cells.



stimulated glucose uptake in muscles (31, 45, 81) and decreased hepatic glucose output (50).

Conversely, it has been suggested that elevation of tumor necrosis factor- α (TNF- α) from hypertrophic adipocytes may play a role in causing impaired insulin action (35–37, 39, 49). In addition, similar to hyperglycemia, TNF- α has been reported to increase mitochondrial ROS production in tumor cells (21, 75), hepatocytes (19), and endothelial cells (13). Therefore, roles of mitochondrial ROS in TNF- α -induced impaired insulin signaling in cultured human hepatoma (Huh7) cells were examined.

Using reduced MitoTracker Red probe, TNF- α was confirmed to increase mitochondrial ROS production, and the ROS was suppressed by overexpression of either UCP-1 or MnSOD. TNF- α significantly increased serine phosphorylation of IRS-1, and decreased insulin-stimulated tyrosine phosphorylation of IRS-1, all of which have been considered to be molecular bases for TNF- α -induced insulin resistance (1, 2, 38). All of these observations were inhibited by overexpression of either UCP-1 or MnSOD.

Recently, apoptosis signal-regulating kinase 1 (ASK1) was identified as a mitogen-activated protein kinase kinase kinase (MAPKKK). ASK1 activates the JNK and p38 signaling pathways and is required for TNF- α -induced apoptosis (42). In addition, thioredoxin (Trx), which regulates the cellular reduction/oxidation (redox) status, was reported to bind directly to the N-terminal region of ASK1 (72, 97). Treatment with H_2O_2 induces dissociation of Trx from ASK1, thereby activating ASK1 by inducing oligomerization and the subsequent phosphorylation of a critical threonine residue within the activation loop of ASK1 (22, 72, 86). Therefore, TNF- α may increase mitochondrial ROS production and activate ASK1 in insulin target tissues, and this may cause insulin resistance in diabetes and obesity.

The ASK1 activity in Huh7 cells, measured by an *in vitro* kinase assay with GST-MKK4 as a substrate, was increased as early as 15 min after treatment with TNF- α , and overex-

pression of either MnSOD or UCP-1 inhibited this effect. Similar to TNF- α , overexpression of wild-type ASK1 increased serine phosphorylation of IRS-1 and decreased insulin-stimulated tyrosine phosphorylation of IRS-1, whereas overexpression of dominant-negative ASK1 ameliorated these TNF- α -induced events. In addition, TNF- α activated c-jun NH₂-terminal kinases (JNK), and this observation was partially inhibited by overexpression of either UCP-1, MnSOD, or dominant-negative ASK1. These results suggest that TNF- α increases mitochondrial ROS production and activates ASK1 in Huh7 cells, and that these TNF- α -induced phenomena contribute, at least in part, to impaired insulin signaling (Fig. 6).

CONCLUSION

Mitochondria are the major source of ROS due to continuously generated superoxide, a byproduct of the electron-transport chain. Here we demonstrated that hyperglycemia-induced mitochondrial ROS production could be a key event in the development of diabetic complications. In addition, we emphasize that mitochondrial ROS production may also be a key factor in the development of type 2 diabetes by induction of impaired insulin secretion and insulin resistance (Fig. 7). The present study provides a conceptual framework for future research and drug discovery, which targets mitochondrial ROS production.

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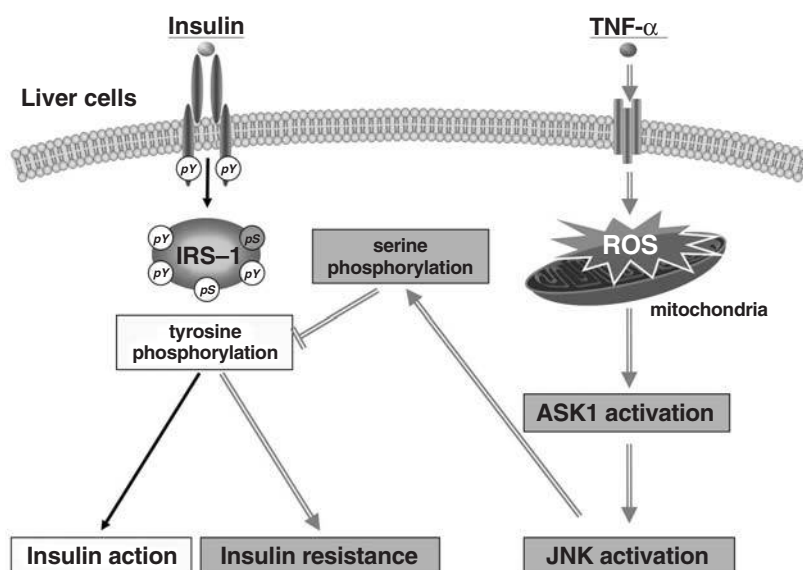


FIG. 6. Potential role of mitochondrial reactive oxygen species (ROS) production in tumor necrosis factor- α (TNF- α)-induced insulin resistance. TNF- α increases mitochondrial ROS production, which results in apoptosis signal-regulating kinase 1 (ASK1) activation. In addition, these events activate c-jun NH₂-terminal kinases (JNK), increase serine phosphorylation of insulin receptor substrate-1 (IRS-1), and decrease insulin-stimulated tyrosine phosphorylation of IRS-1, all of which could be involved in the molecular basis of TNF- α -induced insulin resistance.

ABBREVIATIONS

AGEs, advanced glycation end-products; AICAR, 5-aminoimidazole-4-carboxamide ribonucleoside; AMPK, AMP-activated protein kinase; ASK1, apoptosis signal-regulating kinase; CCCP, carbonyl cyanide m-chlorophenylhydrazine; CIT, conventional insulin injection therapy; COX, cyclooxygenase; DN-AMPK, dominant negative form of AMPK α 1; GAPDH, glyceraldehyde-3-phosphate dehydrogenase; GHIS, glucose-induced insulin secretion; GK rat, Goto-Kakizaki rat; Huh7 cells, human hepatoma cells; HU-VECs, human umbilical vein endothelial cells; IMT, mean

intima-media thickness; JNK, c-jun NH₂-terminal kinases; MAPKKK, mitogen-activated protein kinase kinase; MIT, intensive insulin therapy; MnSOD, manganese superoxide dismutase; mtTFA, mitochondrial DNA transcription factor A; NAC, *N*-acetyl-L-cysteine; NRF-1, nuclear respiratory factors-1; 8-OHdG, 8-hydroxydeoxyguanosine; PARP, poly (ADP-ribose) polymerase; PGC-1 α , proliferator activator receptor- γ co-activator-1 α ; PKC, protein kinase C; redox, reduction/oxidation; ROS, reactive oxygen species; TNF- α , tumor necrosis factor- α ; Trx, thioredoxin; TTFA, thenoyltrifluoroacetone; UCP1, uncoupling protein-1.

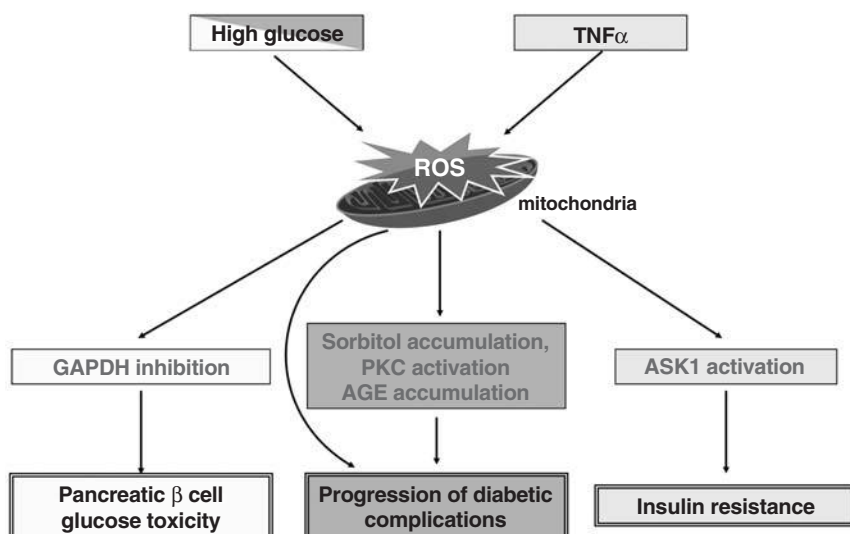


FIG. 7. Impact of mitochondrial reactive oxygen species (ROS) production in diabetes and its complications. Mitochondrial ROS production may be a key factor not only in diabetic vascular complications, but also in the development of pancreatic β -cell glucose toxicity and tumor necrosis factor- α (TNF- α)-induced insulin resistance.

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Address reprint requests to:

Takeshi Nishikawa

Department of Metabolic Medicine

Faculty of Medical and Pharmaceutical Sciences, Kumamoto

University

1–1-1 Honjo

Kumamoto 860–8556, Japan

E-mail: takeshi@kaiju.medic.kumamoto-u.ac.jp

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